Psychological Care After Stroke: Everybody’s Business

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UKSF Liverpool
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Introduction & Context

- Who are we?
- Why are here today?
  - National Stroke Guidelines
  - Stepped Care Approach to Psychological Care
- What do we hope to achieve from this workshop?
  - Info cards
Psychological Care: Everybody’s Business?

- Over to you

- Individual Reflection Sheet

Who ‘looks after’ the stroke survivor’s / family’s emotional wellbeing in your work context?
Why Do We Need To Think About Emotions & Adjustment?

- Can influence how a person experiences their health and their attitude to recovery
- Important to understand what is ‘normal’ and respond accordingly
- Thinking ahead: Helping people prepare, manage and cope
- Looking back: Helping people look back on what happened, take stock and re-appraise
- Implications for rehabilitation and recovery: Poor emotional adjustment is linked with poorer outcomes, mortality and quality of life
Psychological Care: Everybody’s Business?

“I don’t mind who asks me (what profession) or how they ask (using which assessment), but ask me from the start and keep asking me”

Stroke survivor from Dorset
A Framework for Everyone

LEVEL 3: Severe and persistent disorders of mood and/or cognition
- Diagnosable, require specialist intervention and have proved resistant to treatment at levels 1 and 2
- Support provided by clinical psychologists and/or psychiatrists

LEVEL 2: Mild/Moderate symptoms of impaired mood and/or cognition
- At a level that interferes with rehabilitation
- Support provided non-psychology stroke MDT staff, supervised by clinical psychologists

LEVEL 1: Sub-threshold problems at a level common to many or most people with stroke
- Mild and transitory symptoms of mood and/or cognitive difficulties
- Support provided by peers and stroke specialist MDT staff
Barts Health Framework

“Why we should be giving psychology away”
Miller (1969)
Barts Health Framework: What’s different?

- Established & embedded within the stroke MDT: ‘open-access model’
- Across the stroke pathway
- Significant role of psychology within a stroke MDT
  - Clinical
  - Reflective practice & professionals’ meetings
  - Consultation / family meetings
  - Teaching & training
  - Part of the leadership team / list of supervisors / key worker
Barts Health Framework: Helping the MDT to “think”?

An MDT approach: helping the team conceptualise distress by using accessible models for all e.g:
- WHO model
- Iceberg model

Useful? MDT Feedback Questionnaire

“Having a psychologist in the team helps us to ‘think’”

“We need more of it (psychology)!”

“I would recommend having a psychologist to a service that doesn’t have it”
# Psychological & Emotional Wellbeing

<table>
<thead>
<tr>
<th>Key Competencies</th>
<th>R=SF</th>
<th>Level for Band</th>
<th>Self Ass</th>
<th>Level Achieved (Signature and Date)</th>
<th>Action Required</th>
<th>Evidence</th>
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<tbody>
<tr>
<td>Demonstrate ability to understand basic mood screening assessments:</td>
<td>C3 C4 C5 HW9J</td>
<td>1 2 3 4</td>
<td>X 1 1</td>
<td>- To attend mood screening training (group or 1:1) with team clinical psychologist</td>
<td>Reflective practice / Written Piece</td>
<td>Staff Feedback / Patient Feedback / Observation / Training / Workshop / Discussion / Supervision / Previous learning / Screen shot / Quiz</td>
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<tr>
<td>- Distress Thermometer</td>
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<td>- Signs of Depression Screening Scale</td>
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<td>Demonstrate knowledge of the key psychological issues following a stroke and how they may present for a stroke patient and their carer(s):</td>
<td>HWB4</td>
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<td>- To read the Stroke Association leaflet on Emotional Changes After Stroke</td>
<td>Reflective practice / Written Piece</td>
<td>Staff Feedback / Patient Feedback / Observation / Training / Workshop / Discussion / Supervision / Previous learning / Screen shot / Quiz</td>
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<tr>
<td>- Adjustment</td>
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<td></td>
<td>- Attend Level 1 Psychosocial Care After Stroke Training (full day and workshop)</td>
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<td>- Low mood</td>
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<td>- Join visit with team clinical psychologist (b1)</td>
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<td>- Anxiety</td>
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<td>- Low motivation</td>
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<td>- Anger</td>
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<td>- Embarrassment &amp; shame</td>
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<td>- Changes in relationships &amp; sexual difficulties</td>
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<td>- Bereavement &amp; end of life issues</td>
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<td>Demonstrate knowledge of the Stepped Care Approach to Psychological Care After Stroke and being able to carryout:</td>
<td>HWB5</td>
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<td>- Attend Level 1 Psychological Care After Stroke Training (full day and workshop)</td>
<td>Reflective practice / Written Piece</td>
<td>Staff Feedback / Patient Feedback / Observation / Training / Workshop / Discussion / Supervision / Previous learning / Screen shot / Quiz</td>
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<td>- Level 1 skills</td>
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<td>- Level 2 skills</td>
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Barts Health Framework

Stroke Services Competencies Handbook for RSW’s - V1.7.2015
### Barts Health Framework

#### Stroke Services Competencies Handbook for RSW’s - V1.7 2015

**Rehab Support Worker:** __________  
**Band:** __________

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<tr>
<td>Demonstrate knowledge of how to refer to mental health support:</td>
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<td>• Team Clinical Psychologist</td>
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<td>• Liaison Psychiatry</td>
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<td>• Community Mental Health Team</td>
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<td>• Memory Clinic</td>
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<td>Demonstrate awareness of and ability to ask questions related to risk (e.g. self-harm) and who to consult</td>
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**KSF:** HW06  
**Level for Band:** W  
**Self Ass.:** X

**Action Required:**  
- [ ] Tutorial with team clinical psychologists regarding local procedures  
- [ ] Attend Level 1 Psychological Care After Stroke Training (full day and workshop)

**Evidence:**  
- Reflective practice / Written Piece  
- Staff Feedback  
- Observation  
- Training / Workshop  
- Previous learning  
- Screenings / Quiz
Barts Health: Level 1 Psychological Care After Stroke Training

• To increase understanding and recognition of emotional and adjustment issues in complex health presentations

• To increase confidence and competence in providing compassionate care around the management of emotional and adjustment issues

• To know when and how to refer patients and their families for further psychological support
Barts Health: Level 1 Psychological Care After Stroke Training

- Understanding Adjustment After Stroke
- Having Difficult Conversations with Limited Time
- Concerns to Look Out For
- Self-Care and Supporting Others
“We’re not just legs and arms and a mouth...We are human beings with a mixture of emotions. All these feelings...self esteem, self worth, confidence, identity...they’re all under attack after a stroke...you can feel vulnerable, frightened and you can lose yourself”

Harry Clarke, Counsellor at Connect who has aphasia
(From Psychological Care after Stroke, NHS Improvement, 2011)
Traditional Model?

THE MEDICAL MODEL OF DISABILITY

IMPAIRMENTS AND CHRONIC ILLNESS OFTEN POSE REAL DIFFICULTIES BUT THEY ARE NOT THE MAIN PROBLEMS

THE INDIVIDUAL PROBLEM

TRADITIONAL VIEW

DISABILITY IS CAUSED BY
PHYSICAL \SENSEY
MENTAL IMPAIRMENT

THE INDIVIDUAL IS IMPAIRED IS THE PROBLEM

FOCUS OF THE MEDICAL PROFESSION
‘CURE’ ALLEVIATE THE EFFECT IMPAIRMENT
Understanding Adjustment

WHO Model of Disability

Emotional & Psychological difficulties

Social contact
Leisure
Making a hot drink
Housework
Washing
Dressing

Walking
Standing
Eating
Toileting

Walking
Standing
Eating
Toileting

Weakness
Coordination
Balance
Pain
Altered sensation
Epilepsy
Swallowing
Spasms
Spasticity
Sleep
Nausea
Vertigo
Expressive speech
Comprehension
Memory
Attention
Vision
Awareness
Praying
Making decisions

Managing medication
Cooking
Shopping

Religion
Spirituality
Finances
Holidays

Housework
Making a hot drink
Social contact
Leisure
Friends

Work
Driving
Using transport
Cultural beliefs

Family beliefs

Life experiences

Personal coping style

Thoughts

Emotions

Behaviour

Social support

Health/rehab beliefs

Life experiences

Family beliefs

Personal coping style

Health/rehab beliefs

Family beliefs

Cultural beliefs
Having Difficult Conversations in Limited Time

Think of a time when you didn’t feel heard or listened to - how did you know?

What could be more helpful?

- Summarising
- Showing you’ve heard
- What can I (staff member) do to help?
- What resources can you (patient) draw on?
Concerns To Look Out For

- Mood Screening
- Risk
- Referral Pathways
Sustaining Skills

- Follow-up Workshop
  - Identify a case
  - Utilise a technique learnt from this training and complete the reflection sheet

- Reflective Practice & Group Supervision

- Referral pathways on discharge

- Use of MDMs, professionals meetings and family meetings to feedback work
Psychological Care After Stroke: Everybody’s Business?

- Reflection sheet revisited
- What would you like to take back to your team?
Taking Psychological Care in Stroke Forward

- Making it your business
The Hub
An NHS stroke info resource

- To provide a hub for information about emotional support after stroke.
- To maintain the profile established in 2011 by NHS Improvement Stroke.
- To encourage staff to consider how they might improve services where they work.
Inside The Hub

The relevant modules for a specific user are displayed.
Acknowledgements & Contact Details

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maria.vidal@bartshealth.nhs.uk

Email us for further contact
or
Complete your contact card if you would like
news of the Stroke Hub website launch
References & Resources


Thank you